

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-020434

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

5440

FILED JUN 7 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in lb  
**10 Weeks**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Clayton** Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  
**St. Lukes Hospital**

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**521 West Polo Dr.** Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
**JOHN BATES JOHNSON GOERNER**

4. DATE OF DEATH  
Month Day Year  
**May 29, 1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**11/30/1883**

9. AGE (last birthday)  
**78**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Restaurant owner**

10b. KIND OF BUSINESS OR INDUSTRY  
**Specks Restaurant**

11. BIRTHPLACE (City and state or country)  
**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Hugo G. Goerner**

13b. MOTHER'S MAIDEN NAME

**Minnie Johnson**

14. NAME OF HUSBAND OR WIFE

**Mary A. Goerner**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

17. INFORMANT

Address **Clayton 5, Mo.**  
**Mrs. Mary A. Goerner, 521 West Polo Dr.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cirrhosis of Liver**

INTERVAL BETWEEN ONSET AND DEATH

**2 yr.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**581.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Diabetes mellitus**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1956** to **May 29, 1962** and last saw him alive on **May 29, 1962**  
Death occurred at **10 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

**George W. Stuer, M.D.**

22b. ADDRESS

**600 N. Union Blvd.**

22c. DATE SIGNED

**5-30-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**5/31/62**

23c. NAME OF CEMETERY OR CREMATORY

**Oak Hill Cemetery**

23d. LOCATION (City, town, or county)

**Kirkwood, Mo.**

(State)

24. FUNERAL DIRECTOR

**Alexander & Sons, 6175 Delmar Blvd.**

ADDRESS **St. Louis, Mo.**

25. DATE RECD. BY LOCAL REG.

**MAY 31 1962**

26. REGISTRAR'S SIGNATURE

**Loat Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

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240023

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Dr. George W. Ittner Res: Vo.3-6306  
Address:6306 Pershing

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jos. E. McCallister

Licensed Embalmer No. 2466

P. O. Address 623 6th Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.